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040704

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

UTILITY PATENT APPLICATION TRANSMITTAL

CERTIFICATION UNDER 37 CFR 1.10

I hereby certify that on April 27, 2004 this document and all listed attachments are being deposited with the United States Postal Service in an envelope as "Express Mail Post Office to Addressee" mailing Label Number ER 822 684 825 US addressed to the Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Gayle Vinson
(Type or Print name of person mailing paper)

(Signature of person mailing paper)

Attorney Docket No. 0179.0046

First Inventor: Alain Brûyère

Title: PROCESS AND SYSTEM FOR FABRICATING A
REINFORCING PREFORM

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Transmitted herewith for filing in the above-identified patent application are:

<input checked="" type="checkbox"/> Transmittal/Fee Calculation	<input type="checkbox"/> Oath and Declaration [Total Pages <u>1</u>]	<input type="checkbox"/> Copies of IDS References
<input checked="" type="checkbox"/> Application Data Sheet	<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Sequence Listing
<input checked="" type="checkbox"/> Specification [Total Pages <u>19</u>]	<input type="checkbox"/> Assignment (incl. Cover Sheet)	<input type="checkbox"/> Computer-Readable Copy
<input checked="" type="checkbox"/> Drawings [Total Sheets <u>2</u>]	<input type="checkbox"/> Information Disclosure Statement	<input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)

FEE CALCULATION: The filing fee has been calculated as shown below:

For	Claims Filed	No. Extra	Small Entity Rate	Small Entity Fee	Standard Rate	Standard Fee
<u>Basic Fee</u>				<u>\$385.00</u>		<u>\$770.00</u>
<u>Total Claims</u>	<u>39 - 20 =</u>	<u>19</u>	<u>x \$ 9.00</u>		<u>x \$ 18.00</u>	<u>342.00</u>
<u>Independent Claims</u>	<u>2 - 3 =</u>	<u>0</u>	<u>x \$ 43.00</u>		<u>x \$ 86.00</u>	<u>0.00</u>
<input type="checkbox"/> Multiple Dependent Claims Presented				<u>+ \$145.00</u>	<u>+ \$290.00</u>	<u>0.00</u>
				<u>Total</u>		<u>1,112.00</u>

METHOD OF PAYMENT

The Commissioner is hereby authorized to charge deficiency
in the indicated enclosed fees and/or credit any overpayments to:

Deposit Account No. 50-1811

Charge any additional fees Required
Under 37 CFR 1.16 and 1.17

Deposit Account Name David J. Oldenkamp

Applicant claims small entity status
37 CFR 1.27

Payment Enclosed:
 Check Credit Card Money Order Other

Respectfully submitted,

David J. Oldenkamp

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Dated: April 07, 2004